

Name
in
Full

Francis Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Age	Years	Months	Days
May		26	78				
Sex	Male	Color or Race	White	Birth-place	Fairmit		
Married, Single or Widowed	Single		Occupation	Magistrate			
Name of Wife or Husband							
Father's Name				Dr. R R Ballard			
Mother's Maiden Name				Sallie Waters			
Name of person giving information				D. J. Maddox			
Father's Birthplace				"			
Mother's Birthplace				"			
How related to deceased				Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Paresis of Stomach A few	
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	Dr. E. S. Miles
Address	Upper Fairmount
Accident or Suicide?	



L. W. Landon
Landonville
Md

Name
in
Full

Elizabeth Cannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingston</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Year}	<i>May</i> ^{Month}	<i>20</i> ^{Day}	<i>18</i> ^{Years}	<i>18</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Arutland Ind.</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Alfred Cannon, (decd)</i>		
Father's Name	<i>Martin Waley</i>			Father's Birthplace	<i>Arutland Ind.</i>
Mother's Maiden Name	<i>Mary Carter</i>			Mother's Birthplace	<i>Arutland, Ind.</i>
Name of person giving information	<i>Mary Cannon</i>			How related to deceased	<i>Daughter in law</i>

CAUSES OF DEATH

Primary	<i>Cerebral Degeneration</i>	How long	<i>4 years</i>
Immediate	<i>Paralysis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J.B. Bivins M.D.</i>
		Address	<i>Marion Station Somerset County</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name in Full		Charlotte Dennis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Marion Station		County Somerset		MARYLAND	
	Date of death	1905	Month May	Day 21	Age 60	Months	Days
	Sex	Female		Color or Race	Black		
	Occupation	General Service work			Birth- place Worcester Co., Md.		
	Where Residing if not at place of death						
	Married, Single or Widowed	Widow		Name of Wife or Husband	George R Dennis, (Died.)		
	Father's Name	Pergan Allen			Father's Birthplace	Worcester Co., Md.	
Mother's Maiden Name	Sarah Marshall			Mother's Birthplace	Worcester Co., Md.		
Name of person giving In formation	Jane Tilghman			How related to deceased	Sister		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input checked="" type="checkbox"/> </div>							
PHYSICIAN OR CORONER	Primary	Organic Heart Disease			How long	Two years	
	Immediate	Exhaustion, & Dropsy			How long	4 days	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	O. B. B. Ewell M.D.		
	yes			Address	Marion Station Somerset County		
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

Florence A Dennis

CERTIFICATE OF DEATH

va
MARYLAND

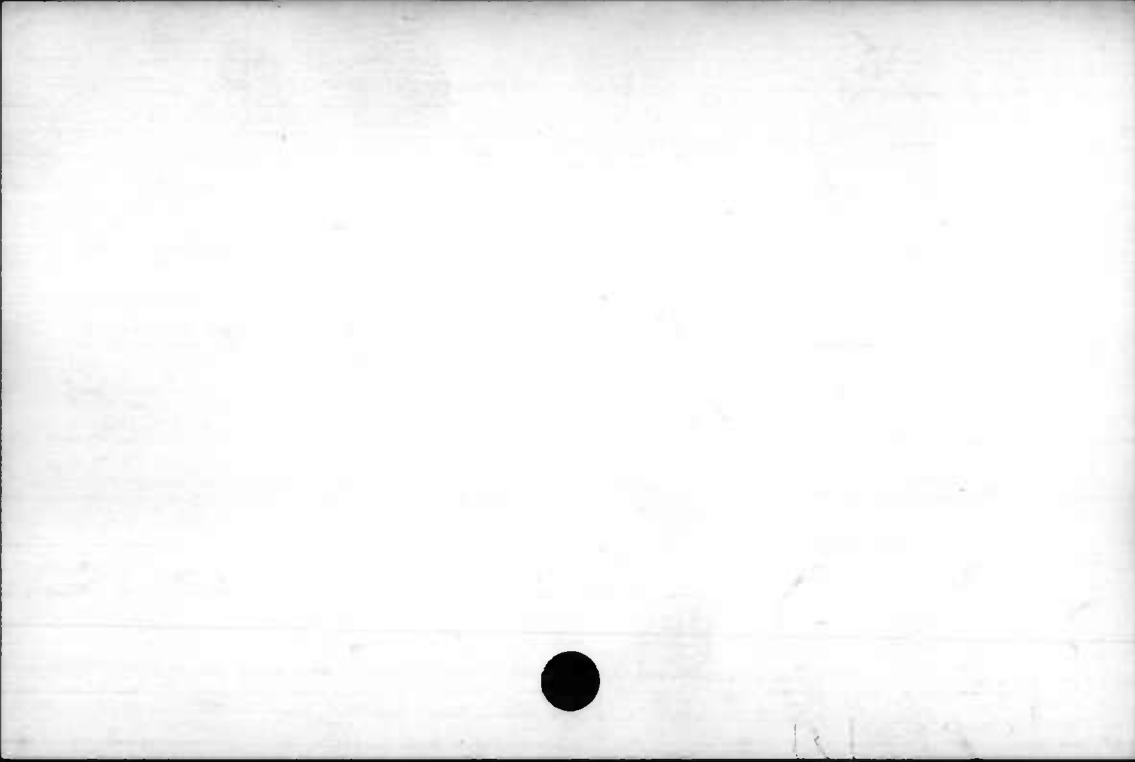
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tangier Island Accomac		County	
Date of death 190	5	Month 5	Day 15	Age	Years
Sex	Female		Color or Race	Colored	
Married, Single or Widowed	Single		Occupation	—	
Name of Wife or Husband					
Father's Name	James Dennis			Father's Birthplace	Accomac Co Va
Mother's Maiden Name	Annie M Dennis			Mother's Birthplace	" "
Name of person giving Information	James Dennis			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Brain Fever		How long	1 week
Immediate	Died on boat coming from Virginia			
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature	James Dennis
Address		Bloontown Va		
Accident or suicide?				



Name
in
Full

Marie Breckinridge Handy

CERTIFICATE OF DEATH

Town

County

Died at Princess Anne

Somerset

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905 May

15

Age 69

Sex

Female

Color or
Race

White

Birth-
place

Paris, France

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of ~~Wife~~ or
Husband

Rev. William L. Handy

Father's
Name

Dr. Robert J. Breckinridge

Father's
Birthplace

Kentucky

Mother's
Maiden Name

Sophronista Preston

Mother's
Birthplace

Virginia

Name of person giving
In formation

Sophronista P.H. Smith

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

How long

Immediate

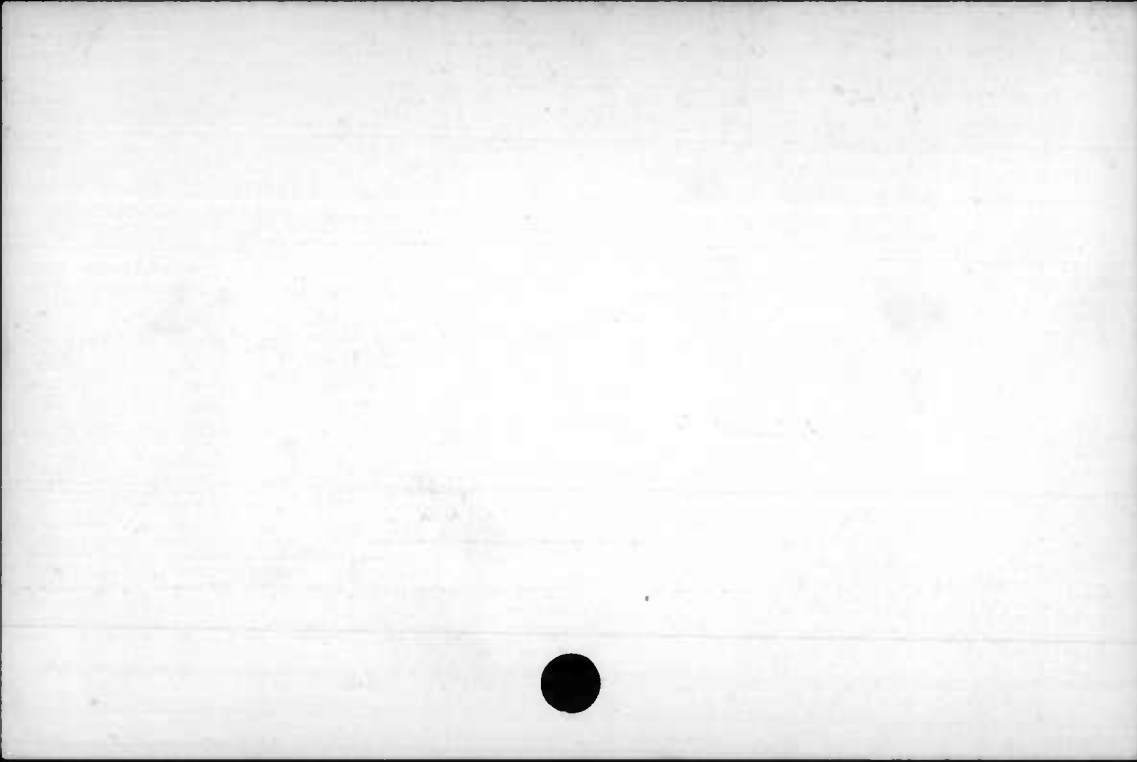
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
is
Full

Violet Kersey

CERTIFICATE OF DEATH

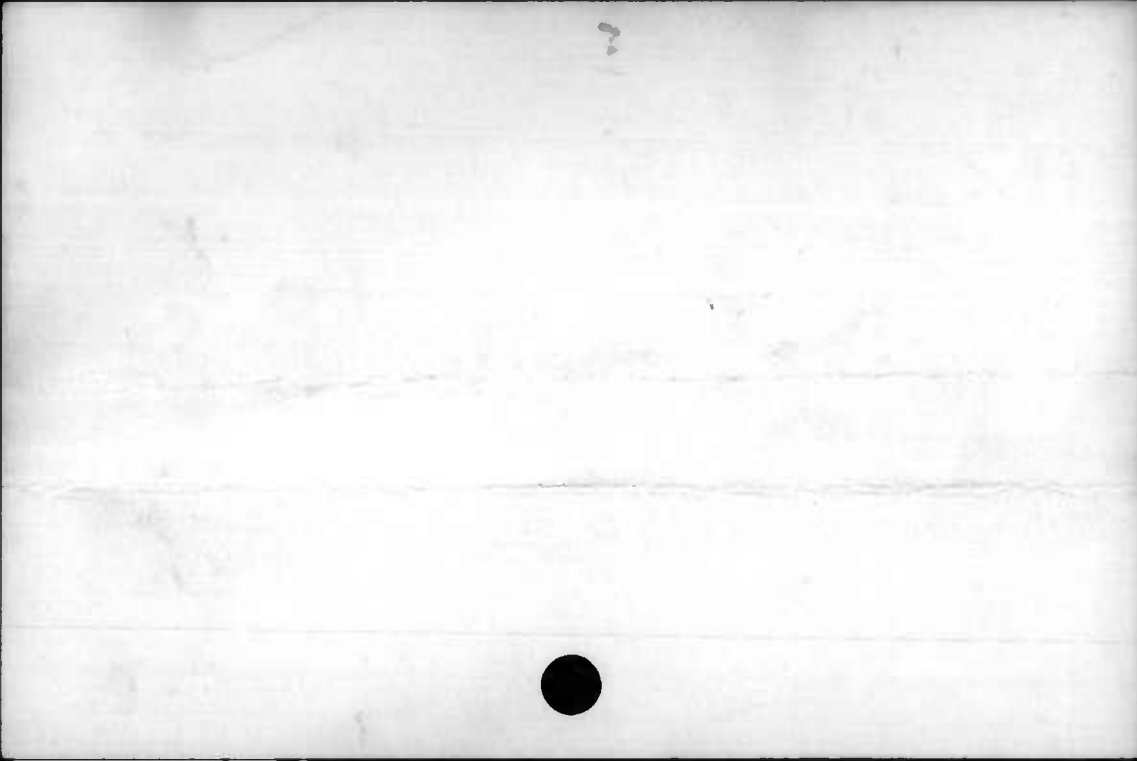
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pocomoke</i>		Town <i>Pocomoke</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>May</i>	Day <i>15</i>	Age <i>78</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Worcester Co</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at Place of death</i>						
Mother or Widowed <i>—</i>	Name of Husband <i>Francis Bersley</i>						
Father's Name <i>Gilbert Laws</i>	Father's Birthplace <i>Worcester Co</i>						
Mother's Maiden Name <i>Hanna Laws</i>	Mother's Birthplace <i>Worcester Co</i>						
Name of person giving Information <i>Wesley F Kersey</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infirmities of old Age</i>	How long <i>one year</i>
Immediate <i>Berylis</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J T Boston</i>
	Address <i>Pocomoke Co Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Allan Gorman Knowles 5/5/10

CERTIFICATE OF DEATH

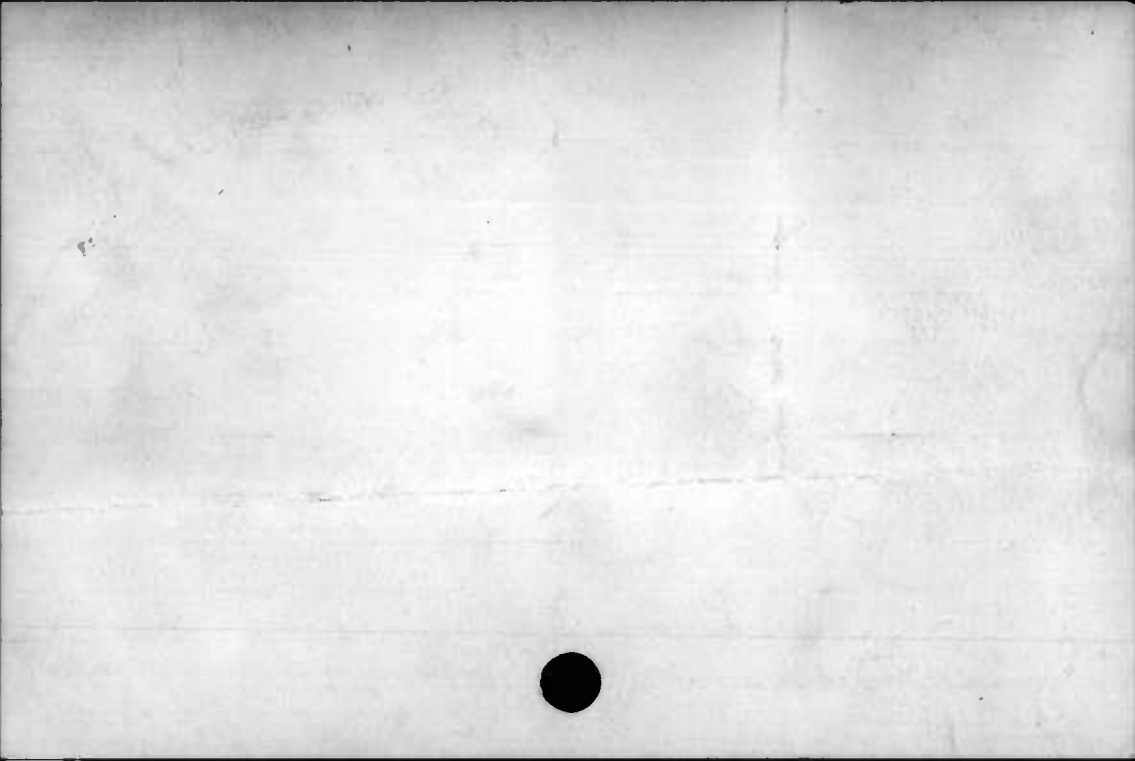
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>MT-Vernon</i>		Town <i>Barnes</i>		County <i>Barnes</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>5</i>	Age <i>5</i>	Years <i>5</i>	Months <i>6</i>	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>White</i>			Birthplace <i>MT-Vernon</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Allan W Knowles</i>				Father's Birthplace <i>Whinnico Co</i>			
Mother's Maiden Name <i>Sarah E Murray</i>				Mother's Birthplace <i></i>			
Name of person giving information <i>Allan W Knowles</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart failure</i>	How long	<i>from Birth</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i></i>	
		Address <i></i>	
Accident or Suicide? <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

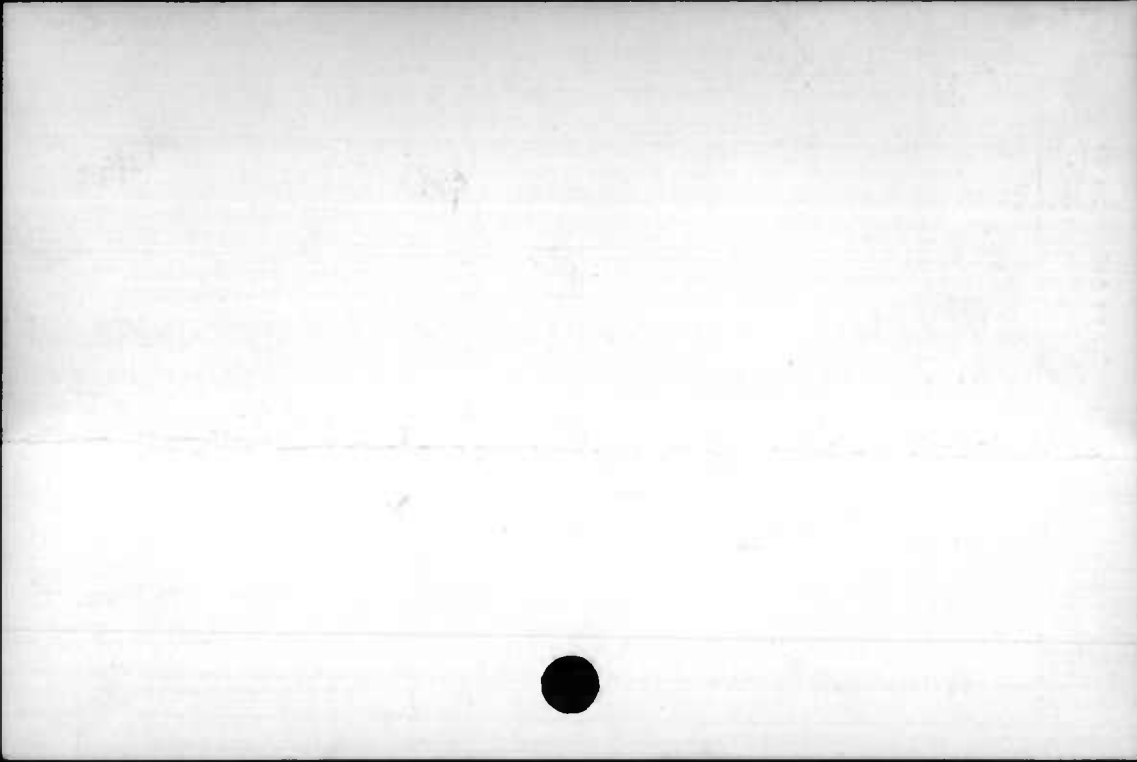
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boston Station</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>14</i>	Age <i>10</i>	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Somerset Co</i>		
Occupation <i>Child</i>	Where Residing if not at place of death <i>at Place of death</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Robert Henry Landing</i>			Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>Carrie</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving Information <i>Wesley F Carley</i>			How related to deceased <i>Cousin</i>		

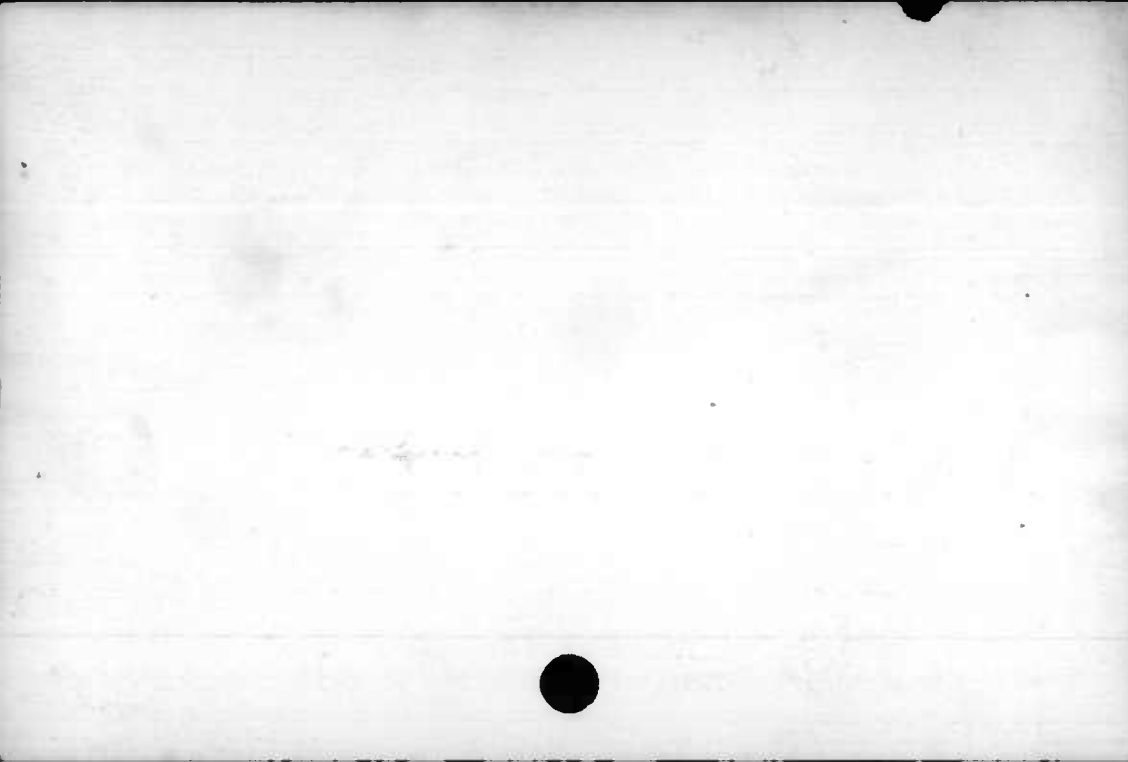
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Ten Months</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J T Boston</i>
<i>J T Boston</i>	Address <i>Boonville Ind</i>
Accident or Suicide?	



Name in Full		TOWN				County		CERTIFICATE OF DEATH	
John H. Miles		Hopewell		Somerset		MARYLAND			
Died at		Date of death		Month		Day		Years	
1905		May		15		Age		78	
Sex		Male		Color or Race		White		Birthplace	
Somerset Co		Occupation		Farmer		Where Residing if not at place of death		Hopewell	
Married, Single or Widowed		Name of Wife or Husband		Mary		Father's Name		Samuel Mills	
Father's Birthplace		Mother's Maiden Name		Not known		Mother's Birthplace		Not known	
Name of person giving information		Howard Swift		How related to deceased		Nephew		Not known	
CAUSES OF DEATH									
Primary		La Grippe				How long		10	
Immediate		Paralysis				How long		2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		J. F. Somers	
Address		Crisfield, Md.				Accident or Suicide?		No	



Name
in
Full

Infant without name Muschik

CERTIFICATE OF DEATH

Died at ^{Town} Near Rehoboth^{County} Somerset Co

MARYLAND

Date of death 1905 May

Day 21

Age at birth Years Months Days

Sex Male

Color or Race White

Birth-place Somerseths Md

Occupation Infant

Where Residing if not at place of death at Place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name William Muschik

Father's Birthplace Berlin Germany

Mother's Maiden Name ~~William Muschik~~ ^{Sonnie Berg}

Mother's Birthplace Nienstedt Germany

Name of person giving Information William Muschik

How related to deceased Father

CAUSES OF DEATH

Primary Unknown

How long after birth Died immediately

Immediate Regular breathing was not established

How long half hour

Are the name, age, sex, color, date and place correctly given above? yes

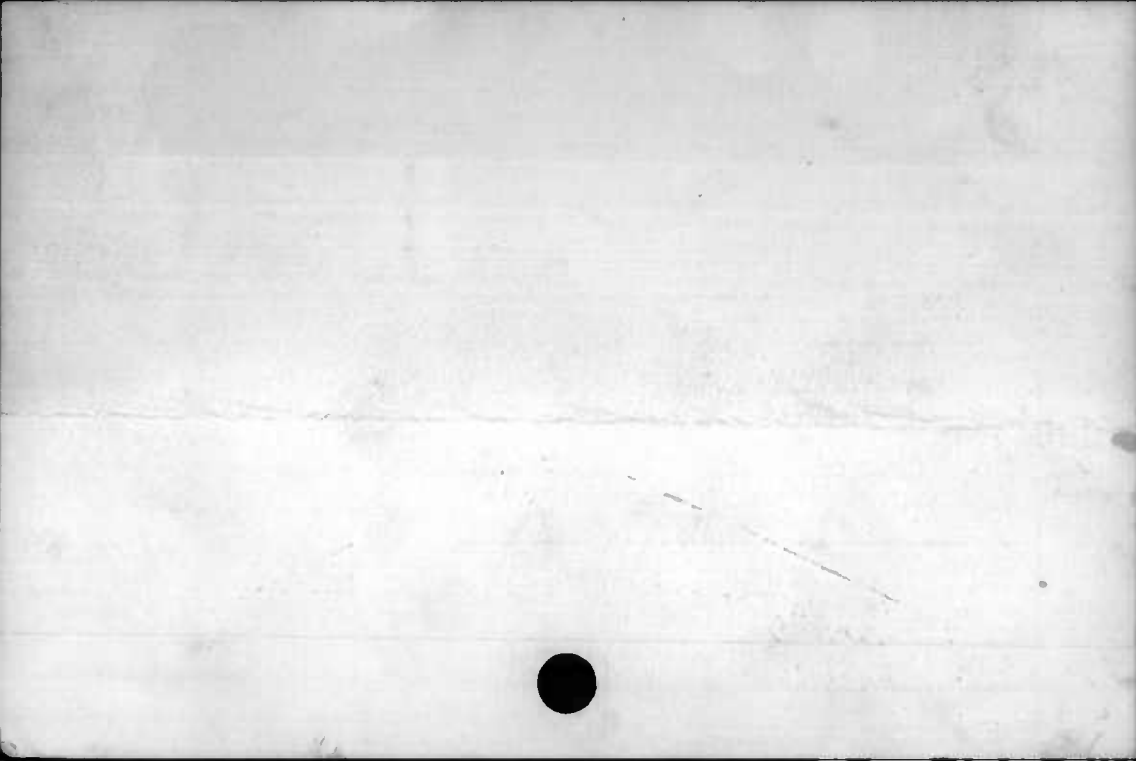
Signature of Physician Isaac T Gorton

Address

Pocomoke City Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Not named

CERTIFICATE OF DEATH

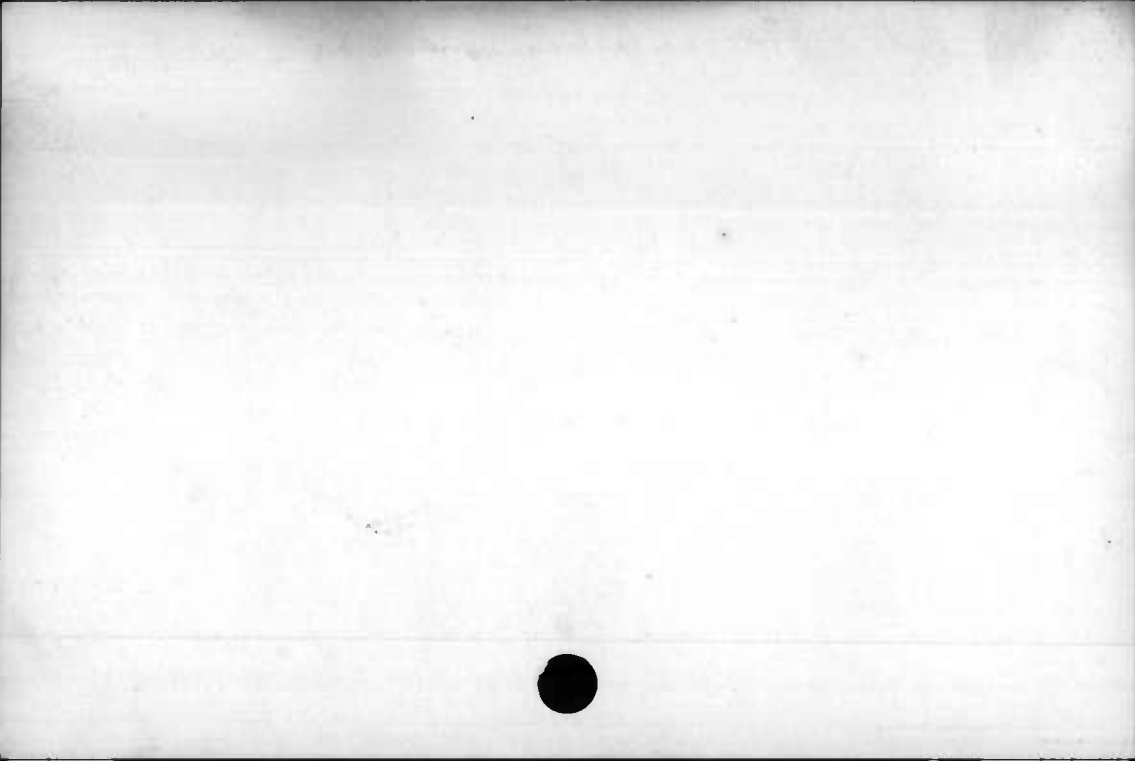
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month		Day		Age	
5		May		31st		Still Born	
Sex		Color or Race		Birth-place			
Female		Colored		Somerset			
Married, Single or Widowed				Occupation			
-				-			
Name of Wife or Husband							
-							
Father's Name				Father's Birthplace			
Corrie Roberts				Som. Co.			
Mother's Maiden Name				Mother's Birthplace			
Mamie Leatherberry				Som. Co.			
Name of person giving information				How related to deceased			
Corrie Roberts				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Still Born		-	
Immediate		How long	
-		-	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		S. J. Munder MD	
		Address	
		Somerset, Som. Co., Md.	
Accident or Suicide?			
A			



Name
in
Full

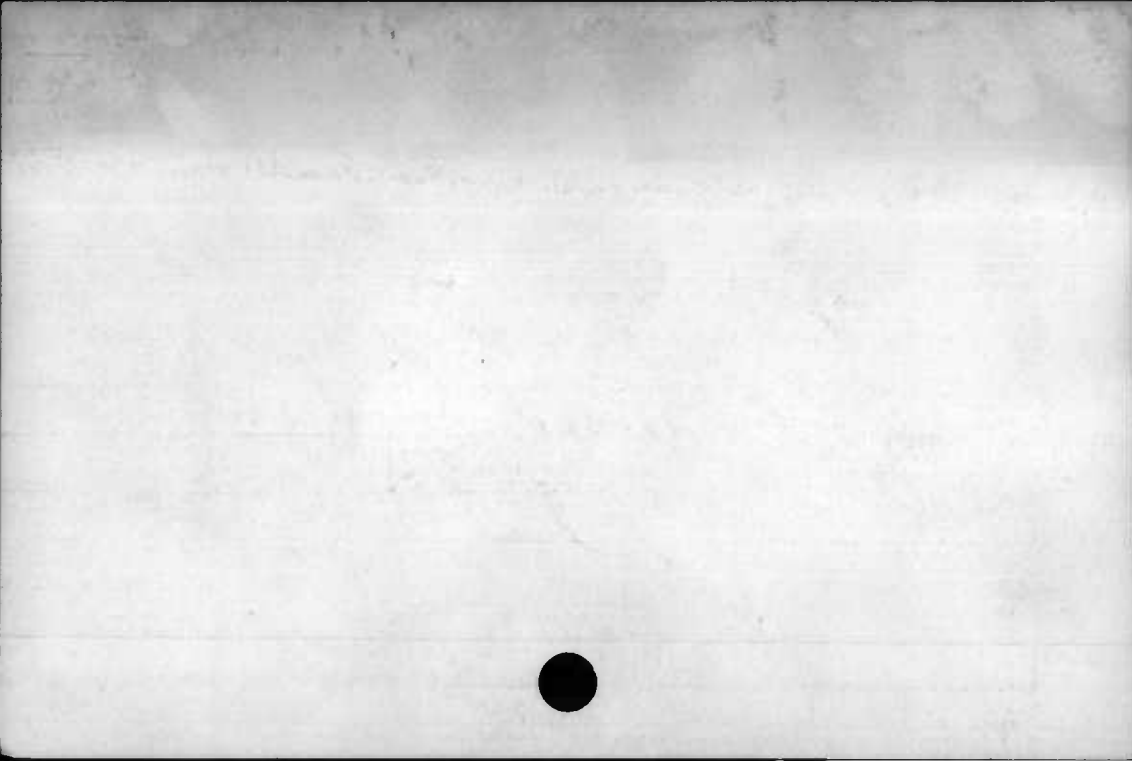
CERTIFICATE OF DEATH

Name in Full <i>Pease Robinson</i>		Town <i>Deale Island</i>		County <i>Somerset</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 May 21</i>		<i>—</i>		<i>7</i>	
Sex <i>female</i>		Color or Race <i>Negro</i>		Birth-place <i>Deale Island</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas Robinson</i>		Father's Birthplace <i>Deale Island</i>					
Mother's Maiden Name <i>Georgia Jones</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Georgia Jones</i>		How related to deceased <i>Mother</i>					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Marasmus</i>	How long	<i>4 days</i>
	Immediate	<i>Anemia</i>	How long	<i>7 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>			
Signature of Physician <i>H. G. Alexander</i>		Address <i>Somerset Co.</i>		
Accident or Suicide? <i>—</i>				



Name In Full

Certificate of Death

Daniel A. Simonson

Town

County

Died at

Lewfield

Dorchester

MARYLAND

Date 1905

Month 5 Day 25

Age

84

Y. M. D.

Native of

Md

Occupation

Housework

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

None

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic Bronchitis

How long sick

3 Years

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

G. J. Simonson

Address

Lewfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 73808



Name
in
Full

Martha Ann Small

CERTIFICATE OF DEATH

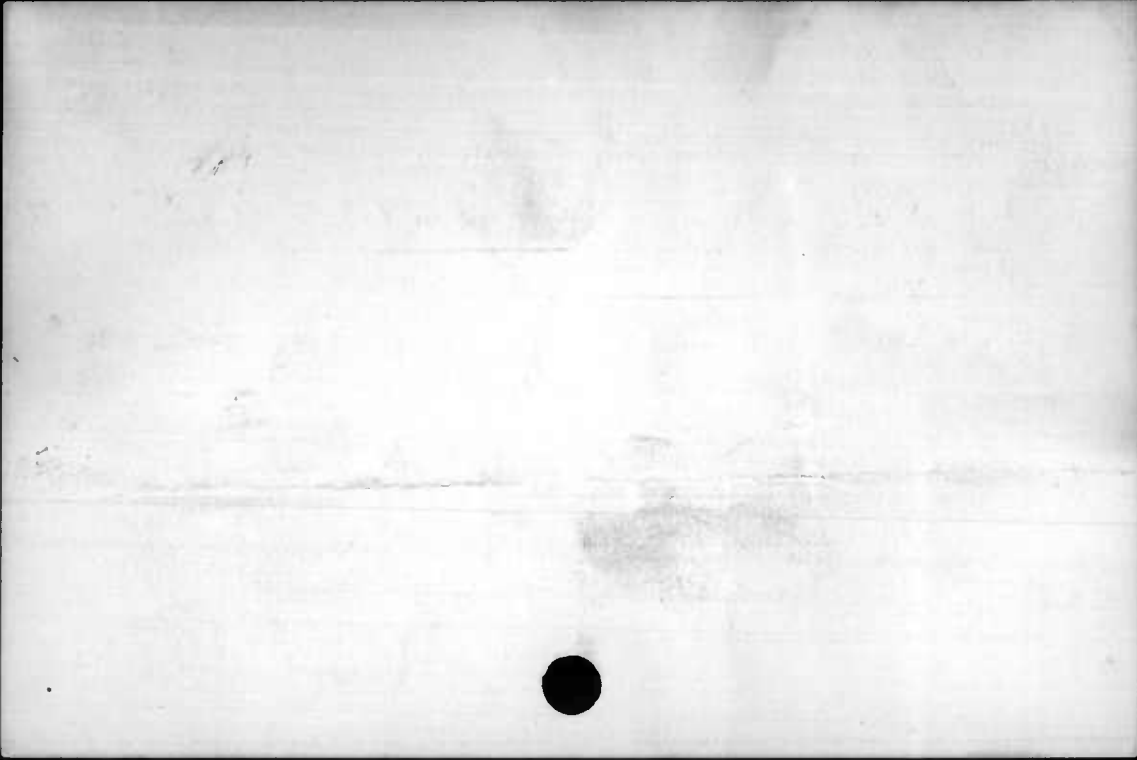
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Farmington</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>190</i>	Month <i>5</i>	Day <i>3</i>	Age <i>73</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Farmington</i>		
Occupation			Where Residing if not at place of death		
Married <i>Widowed</i>		Name of Wife or Husband <i>Lavin Small</i>			
Father's Name <i>Stoughton Williams</i>			Father's Birthplace		
Mother's Maiden Name <i>Aurelia</i>			Mother's Birthplace		
Name of person giving Information <i>G. H. Hall</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>6 mo's</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. H. Hall</i>
	Address <i>Farmington P.O. Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

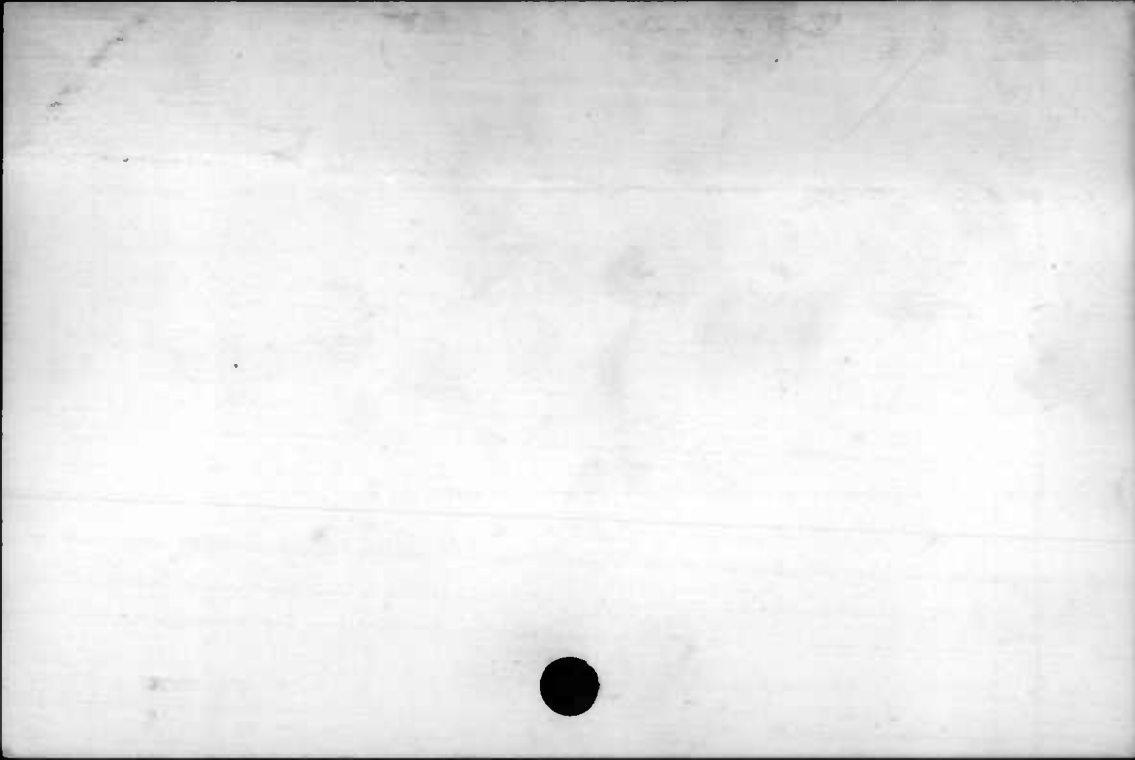
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deal Island</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>190</i>	Month <i>May</i>	Day <i>28</i>	Age <i>34</i>	Months <i>—</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Deal Island.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Deal Island.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John S. Somers.</i>				
Father's Name <i>Henry Shores</i>	Father's Birthplace <i>Chance md.</i>				
Mother's Maiden Name <i>Emily Webster</i>	Mother's Birthplace <i>Deal's Island</i>				
Name of person giving information <i>Willie A. Bond</i>			How related to deceased <i>(None)</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tetanus (Idiopathic)</i>	How long	<i>7 1/2 days</i>
Immediate	<i>Ashteria</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. G. Alexander</i>	
		Address <i>Deal Island</i>	
		<i>Somerset Co.</i>	
Accident or Suicide?			



Name, in Full

Certificate of Death

Stewart (M. M.)
 Died at *Shelburne* Town *Kingston* County *Somerset* MARYLAND

Date *1905* *5* *17* Month Day Y. M. D. Age *15* Native of *Shelburne* Occupation *Student*
 Male *White* Married *Widow* Divorced *Female* Colored *Single* Widower *Number of children living*

Husband of *George C. Stewart*

Wife of *Johanna Stewart*

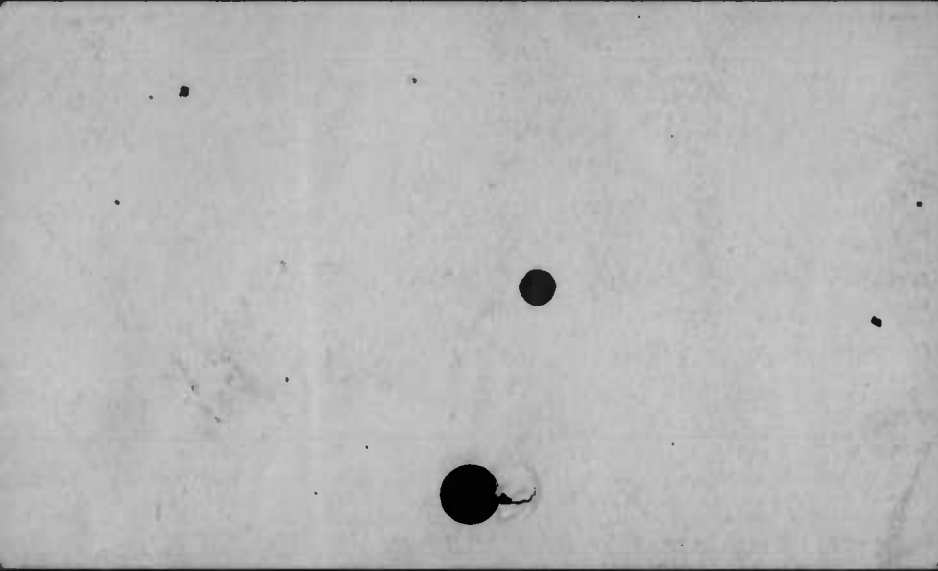
Father's Name *George C. Stewart* Mother's Name *Johanna Stewart*

Cause of Death { Primary *Pneumonia* Immediate *15* How long sick *15* Accident, Suicide, Homicide

Reported by *Al. E. C. de*

Address *Shelburne*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westover</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1903</i> ^{Year} <i>May</i> ^{Month} <i>28</i> ^{Day} <i>70</i> ^{Years}		Age <i>70</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Somerset</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>George Williams</i>		How related to deceased <i>Son in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>About 1 year</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount Md.</i>
Accident or Suicide? <i>—</i>	

